

TO: Vision Work Group D - (System Review and Data) Members
Interested Parties

FROM: Steve Andriese, Group D Leader

DATE: June 30, 2000

SUBJECT: July 14, 2000 Meeting Agenda and Information

(PLEASE NOTE MEETING LOCATION CHANGE)

Enclosed is the agenda and discussion materials for the next System Review and Data Work Group meeting. **Please make sure you have reviewed all enclosed materials prior to the meeting. Also, please bring your *Action Plan* and a copy of your *Local EMS Agency Assessment Guidelines* draft to the meeting as well.**

The meeting location has been changed to the EMS Authority offices, 1930 9th Street, Sacramento (Map enclosed). We will again have a working lunch and menu orders will be taken the morning of the meeting.

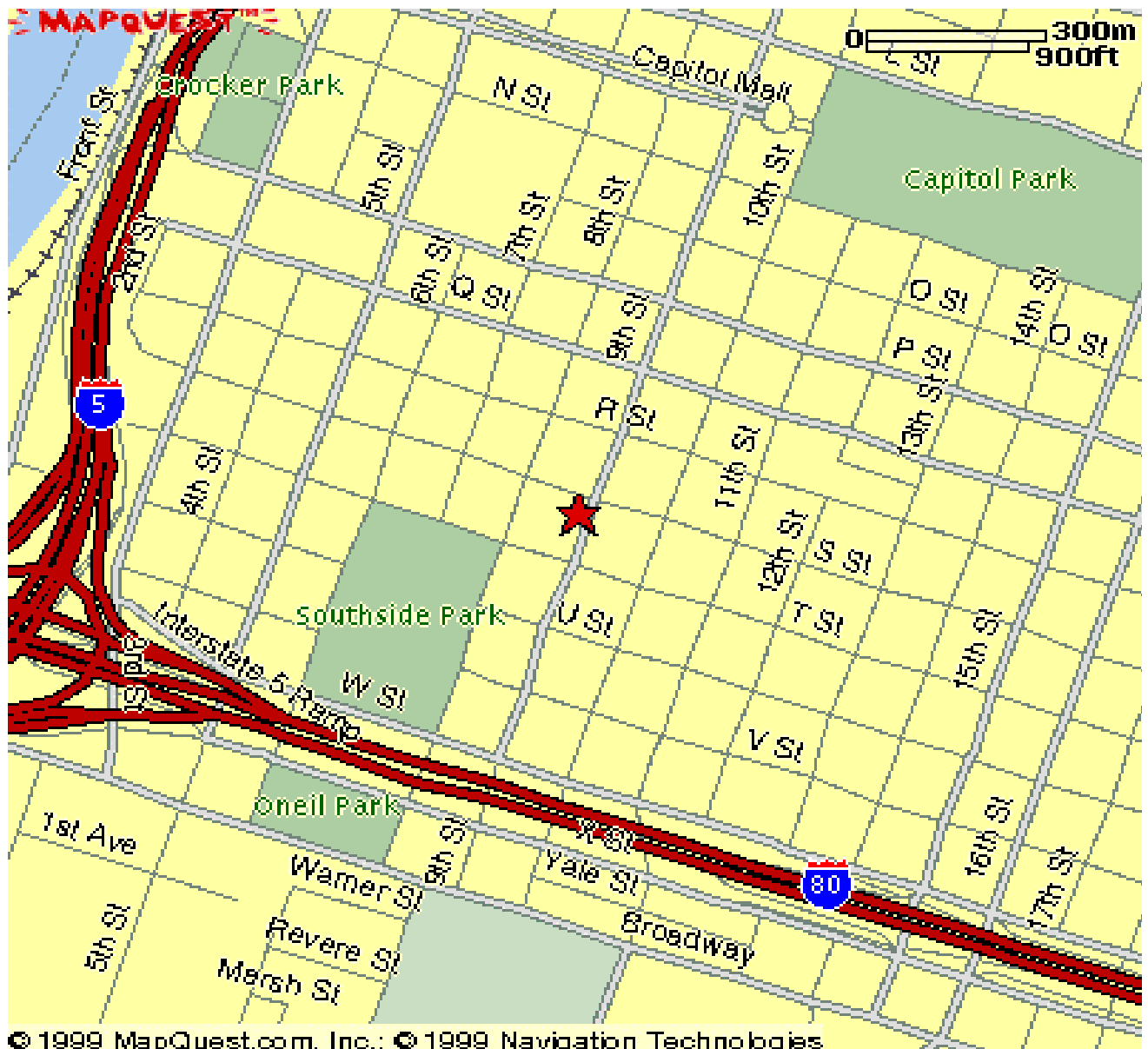
If you have any questions regarding the enclosed materials prior to the meeting, please contact me via the list server or at 209-529-5085.

Enclosures

MAP TO STATE EMS AUTHORITY

The map below shows ABusiness 80" which goes directly through Sacramento. Don't confuse it with AInterstate 80" which bypasses Sacramento to the North.

Once you are in the general area of the map you can take any of the numbered exits off of Bus. 80 such as A10th Street@ or A16th Street@; or a letter street off of AI 5" and proceed to the corner of 9th and T street. The EMS Authority will be on the corner.



Vision Working Group AD®
System Review and Data

July 14, 2000
State EMS Authority
1930 9th Street
Sacramento, California
10 A.M. to 3 P.M.

AGENDA

PLEASE BRING A COPY OF YOUR ACTION PLAN® TO THE MEETING

1. Welcome and Introductions
 - ACTION 2. Approval of May Meeting Minutes
 - ACTION 3. Update on AFire Talk® Alternative to Conference Calls – (*Ed Armitage*)
 - ACTION 4. Update on Constituency Group Presentations and Endorsement Letters (*Group*)
 - ACTION 5. Legislative - Medical Control Immunity & Discovery Protection for QI (*Bonnie Sinz*)
 - ACTION 6. Data – Draft Data Set (*Jim Schnieder*)

OTS Grant Update (*Ed Armitage, Bonnie Sinz*)
 - ACTION 7. Review Comments on Draft *Local EMS Agency Assessment Guidelines* (*Steve Andriese*)
 - LUNCH
 - ACTION 8. COI - Performance Indicator Development; *Training Programs, Dispatch, First Response*-*Craig Stroup*
 - ACTION 9. Planning for Year Two
 - a. June Commission Presentation Report
 - b. Group Funding/Staffing –Year Two
 - c. Year Two Objectives
 10. Meeting Review & Sub-Group Assignments
 11. Meeting Evaluation
 12. Future Meeting Dates
 13. Adjournment
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LEGISLATION

GOAL 8

Ensure immunity for medical control and quality improvement processes and discovery protection for all local and state EMS quality improvement efforts to ensure cooperation and participation of all EMS participants in patient care and EMS service evaluation.

To develop legislation to ensure immunity for medical control and EMS quality improvement processes.

8.1.3 Based upon analysis of research, draft legislative bullet points necessary to provide the state and local EMS medical control and QI systems with immunity.

AND

To develop legislation to strengthen confidentiality and discovery protection for the EMS quality improvement process.

8.2.3 Based upon analysis of research, draft legislative bullet points necessary to provide the state, local, and provider EMS QI systems with confidentiality and discovery protection.
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AND

To make all necessary changes to current regulation to ensure consistency with the above suggested immunity, discovery and protection legislation.

8.3.2 Draft appropriate language revisions for each affected regulation

COMMENT: Objectives 8.1.3, 8.2.3, and 8.3.2 can be addressed together.

Interpretation of 1157.7 may provide LEMSA QI committees (to include specialty centers [base and trauma hospitals] and prehospital providers) the protection from discovery. Language needs to be sensitive to the need for an exchange of information between providers and the State for investigation purposes.

California Evidence Code, Division 9:

1157.7 states “The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, including, but not limited to, trauma care services...”

Suggested Health & Safety Code revision language (Chapter 9 *LIABILITY LIMITATION*) from the Florida Public Health Statute 401.425 *EMS QI: Immunity from liability*:

“The records obtained or produced by and [emergency medical review] committee providing quality assurance activities...are exempt [from inspection, examination, and duplication].”

“...committee proceedings and meetings regarding quality assurance activities are exempt from [public meetings and records public inspection]”

“The investigations, proceedings, and records of a committee providing quality assurance activities...shall not be subject to discovery or introduction into evidence in any civil action or disciplinary proceedings by the department or employing agency arising out of matters which are the subject of evaluation and review by the committee...”

DATA SUBCOMMITTEE

June 26, 2000

To: Vision Working Group D, System Data and Review
From: Jim Schneider, Subgroup 1 Lead
Subject: Information for the July 14, 2000 Vision Group D Meeting

This memo and its attachments contain information and commentary on subjects that will be discussed at the *Vision Group D: System Review and Data* committee meeting on Friday, July 14, 2000 at 10:00 a.m. at the EMS Authority's Office.

The last Vision Group D meeting was held at the Sacramento Airport on Friday, May 19, 2000. Each of Group D's three subgroups was assigned tasks to be completed before the July 14, 2000 meeting. Subgroup 1, *Data System and Design*, was assigned Objective 3.6.2, "Develop a preliminary draft data set to use in system development (June 2000)."

The computer file attached to this memo, EMS_SET.XLS (Attachment A), contains an Excel spreadsheet listing of 783 data elements in 20 categories I have collected (or created in the case of CAD, AVL, Air Ambulance, voice recordings) that relate to EMS systems. The categories are roughly ordered in the sequence in which they would be generated. For example the call detail recorder generates data before the computer-aided dispatch system, etc. Those data elements which may be useful for linking disparate data bases have been marked with an X in the first column and shaded blue in the second. Those data elements which may be traced back to some performance measure (clinical indicator or other benchmark) have been shaded yellow.

Note that there is considerable overlap in some data elements from one source to another (e.g., the data element, *patient name* may be found in the NHTSA, ASTM, trauma registry, etc. data sets). Some of this overlap (such as patient and event identifiers) is useful in that it will improve the success of linking different databases. There are three different recommended data sets for emergency departments; OSPHD, CDC DEEDS, and ASTM. (We need to decide which data set or which elements from each data set to include in our draft EMS data set for emergency departments).

I have not included comprehensive definitions to the data elements because most of the elements are defined by the organization which publishes them, as follows:

- NENA: Defines telephone (CDR and other PSAP) equipment data elements
 - NHTSA: Defines data elements commonly collected on prehospital care reports
 - UTSTEIN: Defines cardiac arrest data elements
 - SWITRS: Defines data elements collected for traffic collision reporting
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- OSPHD: Defines data elements for emergency department and hospital outcome
- ASTM: Defines data elements for emergency departments
- CDC DEEDS: Defines data elements for emergency departments
- NFIRS: Defines data elements used in the basic and EMS modules

Those data elements not yet defined include:

- Computer-Aided Dispatch
- Air ambulance (response data)
- EMS personnel registry
- Recordings of radio and telephone conversations
- Other?

Those data elements not yet identified or defined include:

- Pediatric
- Air ambulance (clinical data)
- Other tertiary care facilities
- Financial data elements
- Other

I suggest that you come prepared to the July 14 meeting with your comments and questions on the following attachments:

1. Attachment A: EMS_SET.XLS
2. Attachment B: Transfer of Patient Data from “Public Agencies” (e.g., LEMSAs) to EMSA
3. Attachment C: Monterey County Draft Data Release Policy
4. Attachment D: Comments from the Monterey County EMS Agency on Vision Group D – System review and Data’s “Legislation/Regulation Recommendations” Draft #1 1/15/00

I will not likely be able to respond to any inquiries before the meeting because I am in the process of moving and will be starting a new job (as the EMS Agency Director for El Dorado County) on July 10.

See you on July 14.

Attachment A: “Laundry List” of EMS Data Elements/Code Sets

Note: Please open the attached Excel spreadsheet, EMS_SET.XLS.

Attachment B: Transfer of Patient Data from “Public Agencies” (Lemmas) to the EMSA

Some of you may recall a September 1998 memorandum I sent you from Dave Bezouska of the Monterey County EMS Agency on the subject of Confidentiality of EMS Data. Dave pointed out that the California Confidentiality of Medical Information Act (CMI) prohibited an EMS Agency (as a non-provider of EMS services) from disclosing medical information in any way which would *permit identification of the patient*. SB 19, Figueroa 1999, amended several sections and added one section to the CMI Act. The section that Dave cited was amended as follows:

Old language

The information may be disclosed to public agencies, clinical investigators, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes. However, no information so disclosed shall be further disclosed by the recipient in any way which would permit identification of the patient. Civil Code §56.10 (c) (7)

New language (as amended by SB 19)

The information may be disclosed to public agencies, clinical investigators, including investigators conducting epidemiologic studies, health care research organizations, and accredited public or private nonprofit educational or health care institutions for bona fide research purposes. However, no information so disclosed shall be further disclosed by the recipient in any way that would disclose the identity of any patient or be violative of this part. Civil Code §56.10 (c) (7)

Furthermore, the definition of “medical information” was amended as follows:

Old language

“Medical information” means any individually identifiable information in possession of or derived from a provider of health care regarding a patient's medical history, mental or physical condition, or treatment. §56.05 (b).

New language

(f) “Medical information” means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care or health care service plan regarding a patient's medical history, mental or physical condition, or treatment. “Individually identifiable” means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity. §56.05 (f).

Whether the above amendments to the CMI changes the ability of an EMS agency to “further disclose” information without first “anonymizing” (de-identifying) must be determined.

I thought you might be interested in the following definition of *individually identifiable information* as proposed under the current federal department of Health and Human Services (HHS). Please note that we need to determine whether the proposed transaction, privacy/confidentiality, or security rules proposed by HHS apply to EMS providers, the LEMSAs, or the EMSA.

The proposed Federal HHS Privacy Rules define individually identifiable information as follows:

Federal Register / Vol. 64, No. 212 / Wednesday, November 3, 1999 / Proposed Rules, §164.506 (d)(2)

(ii) Information is presumed not to be individually identifiable (de-identified), if:

(A) The following identifiers have been removed or otherwise concealed:

(1) Name;

(2) Address, including street address, city, county, zip code, and equivalent geocodes;

(3) Names of relatives;

(4) Name of employers;

(5) Birth date;

(6) Telephone numbers;

(7) Fax numbers;

(8) Electronic mail addresses;

(9) Social security number;

(10) Medical record number;

(11) Health plan beneficiary number;

(12) Account number;

(13) Certificate/license number;

(14) Any vehicle or other device serial number;

(15) Web Universal Resource Locator (URL);

(16) Internet Protocol (IP) address number;

(17) Finger or voice prints;

(18) Photographic images; and

(19) Any other unique identifying number, characteristic, or code that the covered entity has reason to believe may be available to an anticipated recipient of the information; and

(B) The covered entity has no reason to believe that any anticipated recipient of such information could use the information, alone or in combination with other information, to identify an individual.

(iii) Notwithstanding paragraph (d)(2)(ii) of this section, entities with appropriate statistical experience and expertise may treat information as de-identified, if they include information listed in paragraph (d)(2)(ii) of this section and they determine that the probability of identifying individuals with such identifying information retained is very low, or may remove additional information, if they have a reasonable basis to believe such additional information could be used to identify an individual.

Attachment C: Monterey County Draft Data Release Policy

At the May 19, 2000 Vision meeting I suggested that we collect any data privacy and security policies in use by EMA agencies and providers. No agency or provider present at the meeting knew of any such policies within their organizations. Monterey County has developed a draft data release (privacy/confidentiality) policy. (Please see following pages). It attempts to simultaneously conform to the California Public Records Act and the California Confidentiality of Medical Information Act. At present, Monterey County is drafting a data security policy. Please provide me with your comments on the data release (privacy) policy and send me any privacy and security policies you may have.

MONTEREY COUNTY DRAFT DATA POLICY 10/23/98

revised 06/21/00

- I. PURPOSE: To protect the confidentiality of medical information in the possession of the EMS Agency, as required by law.
 - II. DEFINITIONS:
 - A. "Authorization" means written permission for the disclosure of medical information.
 - B. "Medical information" means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care or health care service plan regarding a patient's medical history, mental or physical condition, or treatment. "Individually identifiable" means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual's identity.
 - C. "Patient" means any natural person, whether or not still living, who received health care services from a provider of health care and to whom medical information pertains.
 - D. "Provider of health care" includes any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; any person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; any person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; any clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. Civil Code §56.05 (h))
 - III. POLICY: No medical information in the possession of the EMS Agency shall be disclosed in any way that would disclose the identity of the patient, unless otherwise authorized or required by law.
 - IV. PROCEDURE:
 - A. Unless otherwise authorized or required by law, the following elements will be deleted from any record (paper or electronic) containing medical information before that record is disclosed by the EMS Agency:
 - 1. patient's name
 - 2. patient's address
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3. patient's electronic mail address
 4. patient's telephone number
 5. patient's social security number, or
 6. other information that, alone or in combination with other publicly available information, reveals the individual's identity.
- B. The EMS Agency shall disclose medical information in its possession whenever such disclosure is required by law.
- C. The EMS Agency may disclose medical information in its possession after written authorization is signed and dated by one of the following:
1. The patient, except that a minor patient may only sign an authorization for the release of medical information obtained by a provider of health care in the course of furnishing services to which the minor patient could lawfully have consented.
 2. The legal representative of the patient, if the patient is a minor or an incompetent, except that the legal representative may not authorize the disclosure of medical information obtained by a provider of health care in the course of furnishing services to which the minor patient could lawfully have consented.
 3. The beneficiary or personal representative of a deceased patient.

V. REFERENCES:

The "Confidentiality of Medical Information Act," California Civil Code §§ 56-56.37

Attachment D: Comments from the Monterey County EMS Agency
on
Vision D Group – System Review and Data’s
“Legislation/Regulation Recommendations”
Draft #1 1/15/00.

Comment 1

The omission of words (replaced by ellipses) may distort the law. For example, Page four of the draft reads:

1797.220 states “The local EMS Agency...shall establish policies and procedures...to meet any medical control requirements including...quality assurance requirements.”

With the ellipses removed it reads:

“The local EMS Agency shall establish policies and procedures to meet any medical control requirements including quality assurance requirements.”

The law actually reads:

1797.220. The local EMS agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.

This section requires that the local EMS agency establish policies and protocols for medical control but does not require the local EMS agency to establish any “quality assurance requirements.”

Comment 2

Page 4 (Goal 4).

As stated in the draft, *legislation* for data interchange must follow any *plan* developed by OSPHD. Does it follow that OSPHD (versus EMSA) should pursue necessary legislation?

Comment 3

Page 5 of the draft cites the California Civil Code Information Practices Act (IPA) of 1977’s definition of “personal information.”

The definition of “medical information” and others should also be cited from the California Civil Code Section 56-56.06, The Confidentiality of Medical Information Act. This act is more specific to medical information than the Information Practices Act.

Comment 4

Page 7 of the draft reads:

1157.7 states “The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local government agency to monitor, evaluate, and report on the necessity, quality, and level of speciality health services , including but not limited to, trauma care services...”

However, a most important component of Section 1157.7 was omitted by ellipsis points, as follows:

“...provided by a general acute care hospital which has been designated or recognized by that governmental agency as qualified to render speciality care services.”

Care provided by prehospital care personnel in the *field* is not the same as care provided by a *general acute care hospital*. Furthermore, discovery protection applies to the records or proceedings *produced by the committee*.. Prehospital records are neither proceedings or records of the *committee*.

Comment 5

Page 7, suggested that we revise the California Health and Safety Code using language (Chapter 9 LIABILITY LIMITATION) from Florida Public Health Statute 401.425 EMS QI: Immunity from Liability. The Florida statute reads:

“The records obtained or produced by and [emergency medical review] committee providing quality assurance activities...are exempt [from inspection, examination, and duplication].”

In California, are we trying to protect all records *obtained* (versus produced) by quality review committees? For example, once a 9-1-1 record or prehospital care report is obtained by a committee is it our intent to have it forever protected?

Comment 6

The following terms should be defined:

- Confidentiality
- Privacy
- Security
- Discovery (Discoverability)
- Immunity

Are the goals of “confidentiality and security” synonymous with “confidentiality and discoverability?” (See draft page 4, Goal 4). These would appear to be separate goals.

Comment 7

What are the legal impediments to developing a statewide data system? Do we really need additional *immunity* protection or are we actually seeking protection from *discovery* of our QI

activities? If we are seeking additional immunity protection, we need to identify what *damages* we are seeking relief from. Additional immunity protection may prove unnecessary. Why raise that red flag (to trial lawyers and others) if we don't have to?

Thank you for the opportunity to respond to this document.

Data Linkage	#	Data Source
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1. Call Detail Record (CDR) Printer			Linking identifier
x	1	Date call received	
	2	Caller's telephone number	
	3	ALI information	
	4	Answering position number	Core clinical & response information
	5	Trunk number	
	6	Time trunk seized	
x	7	Time ringing starts	
x	8	Time call answered	
	9	Time call placed on hold	
	10	Time call was taken off hold	
	11	Time call was taken off hold and by what position number	
	12	Time trunk released	
x	13	Time call was transferred	
	14	PSAP name or number that the call was transferred to	
	15	Abandoned call indicator	
2. PSAP ANI/ALI Screen			
	1	Caller's area code (NPA)	
x	2	Time of call	
x	3	Date	
x	4	Street number (house number)	
x	5	Street name	
x	6	Community abbreviation (community name)	
	7	State	
	8	Emergency Service Number (ESN)	
	9	Class of service (phone source type)	
x	10	Listed name (customer name)	
x	11	Caller's name	
	12	Billing telephone number (main number)	
	13	Supplemental address information (e.g., cross street)	
	14	Directory number call forwarding	
	15	Competitive local carrier name (company identifier, local service provider)	
	16	Law enforcement agency	
	17	Fire department	
	18	Emergency medical service	
	19	Class of service	
	20	Type of service	
	21	PSAP ID	
	22	County ID	
x	23	X coordinate	
x	24	Y coordinate	
x	25	Z coordinate	
	26	Cell ID	
	27	Sector ID	
3. Computer-Aided Dispatch (CAD)			
x	1	Date call received	
	2	Call taker identification	
	3	Dispatcher identification	
x	4	Incident number	
	5	Unit identification	
x	6	Incident location (address, street, city, common name)	
x	7	Incident type code (See EMD data elements below)	

	8	Description of incident
	9	Unit district or beat
	10	Unit status level
	11	Call priority (See also EMD data elements below)
	12	Unit Response codes, including any changes while enroute to scene or during transport
	13	Coordinates (x/y) of response from location (see also AVL elements below)
x	14	Coordinates (x/y) of dispatch location (see also AVL elements below)
	15	Coordinates (x/y) of transport location (see also AVL elements below)
x	16	Time call received at PSAP (See Call Detail Recorder data elements above)
x	17	Time unit alerted/dispatched (by pager, voice-radio, AVL)
x	18	Time unit acknowledged alert/dispatch (by voice-radio, AVL)
x	19	Time unit enroute (by voice-radio, AVL)
x	20	Time unit arrives scene (by voice-radio, AVL)
x	21	Time crew arrives at patient
x	22	Time unit departs scene (by voice-radio, AVL)
	23	Time hospital diversion requested
	24	Time unit diverts transport to another facility (by voice-radio)
x	25	Time unit arrives destination (by voice-radio, AVL)
	26	Time unit clears destination (by voice-radio, AVL)
	27	Time unit cancelled (by voice-radio, AVL)
	28	Time unit available (by voice-radio, AVL)
	29	Time unit requested to post (by voice-radio, AVL)
	30	Time unit arrived at post (by voice-radio, AVL)
	31	Time unit cleared from post (by voice-radio, AVL)
	32	Time unit enters end-of-shift status (by voice-radio, AVL)
	33	Transport destination
	34	Dispatcher notes
	35	Start mileage (by voice-radio, AVL)
	36	Arrive mileage (by voice-radio, AVL)
	37	End mileage (by voice-radio, AVL)
	38	Unit crew identification
	39	Assistance/backup requested
	40	Delay reasons
	41	Cancelled reasons
	42	Hospital diversion reasons
	43	Number of patients evaluated
x	44	Number of patients transported
	45	SSM status level (# units available / # number units on shift)
	46	Presumptive patient condition (See EMD data elements below)

4. Automated Vehicle Location (AVL)

	1	Unit identification
	2	Unit status (at post, at quarters, out of service, etc)
	3	Coordinates (x/y) of response from location
	4	Periodically polled coordinates (x/y) while enroute to dispatched location
x	5	Coordinates (x/y) when unit reports arrival at dispatch location
	6	Periodically polled coordinates (x/y) while enroute to transport location
x	7	Coordinates (x/y) when unit reports arrival at transport location
	8	Coordinates (x/y) when unit reports arrival at post
	9	Miles traveled location to location (e.g., unit quarters to scene, scene to hospital)
x	10	Time unit dispatched
x	11	Time unit acknowledged dispatch
x	12	Time unit enroute
x	13	Time unit arrives scene
x	14	Time unit departs scene
x	15	Time unit arrives destination
	16	Time unit cancelled
	17	Time unit available

- 18 Time unit at post
- 19 Other AVL-generated data (may overlap with CAD data)

5. Emergency Medical Dispatch (EMD) System

x	1	Location		
	2	Call back number		
	3	Chief complaint text		
	4	Number of patients		
x	5	Age		
x	6	Sex		
	7	Conscious		
	8	Breathing		
	9	Chief complaint list		
	10	Chief complaint number		
	11	Verify case entry questions		
	12	Key questions		
	13	Key question #1		
	14	Key question #2		
	15	etc.		
	16	Recommend dispatch		
x	17	Dispatched		
	18	Verify entry of key questions		
	19	Post-dispatch instructions		
	20	Post-dispatch instructions #1		
	21	Post-dispatch instructions #2		
	22	etc.		
	23	Display case summary information		
	24	Pre-arrival instruction card #		
	25	Case completed		

6. Hospital Radio or Telephone and Tape Recording Device

- 1 Time communication between base hospital and field personnel begins
- 2 Time(s) medical control / procedure(s) ordered
- 3 Time communication between base hospital and field personnel ends

7. Telephone Line Voice Recorder (Logging and Recall Recorder)

- 1 Recording of 9-1-1 telephone conversation

8. Radio (Dispatch) Recorder

- 1 Recording of radio communications

9. Prehospital Care Record (NHTSA Data Elements)

x	1	Incident Address (Essential)		
x	2	Incident City (Essential)		
x	3	Incident County (Essential)		
	4	Incident State (Essential)		
	5	Location Type		
x	6	Onset Date		
x	7	Onset Time		
x	8	Date Incident Reported (Essential)		
x	9	Time Incident Reported (Essential)		
x	10	Time Dispatch Notified (Essential)		
x	11	Date Unit Notified		
x	12	Time Unit Notified (Essential)		
x	13	Time Unit Responding (Essential)		
x	14	Time Arrival at Scene		
x	15	Time Arrival at Patient		
x	16	Time Unit Left Scene (Essential)		

x	17	Time Arrival at Destination (Essential)		
	18	Time Back in Service (Essential)		
	19	Lights and Sirens to Scene (Essential)		
	20	Service Type (Essential)		
x	21	Incident Number (Essential)		
x	22	Response Number (Essential)		
x	23	Patient Care Record Number		
	24	Agency/Unit Number (Essential)		
	25	Vehicle Type (Essential)		
	26	Crew Member One Number (Essential)		
	27	Crew Member Two Number (Essential)		
	28	Crew Member Three Number		
	29	Crew Member One Type (Essential)		
	30	Crew Member Two Type (Essential)		
	31	Crew Member Three Type		
x	32	Patient Name (Essential)		
x	33	Patient Street Address		
x	34	City of Residence		
x	35	County of Residence		
x	36	State of Residence		
x	37	Zip Code of Residence		
	38	Telephone Number		
x	39	Social Security Number		
x	40	Date of Birth (Essential)		
x	41	Age		
x	42	Gender		
x	43	Race/Ethnicity		
x	44	Destination/Transferred to (Essential)		
	45	Destination Determination (Essential)		
	46	Lights and/or Sirens Used from Scene (Essential)		
	47	Incident/Patient Disposition (Essential)		
	48	Chief Complaint		
	49	Cause of Injury (Essential)		
	50	Provider Impression (Essential)		
	51	Pre-existing Condition (Essential)		
	52	Signs and Symptoms Present (Essential)		
	53	Injury Description (Essential)		
	54	Injury Intent		
	55	Safety Equipment (Essential)		
	56	Factors Affecting EMS Delivery		
	57	Alcohol/Drug Use		
	58	Time of First CPR		
	59	Provider of First CPR		
	60	Time CPR Discontinued		
	61	Time of Witnessed Cardiac Arrest		
	62	Witness of Cardiac Arrest		
	63	Time of First Defibrillatory Shock		
	64	Return of Spontaneous Circulation		
	65	Pulse Rate (Essential)		
	66	Initial Cardiac Rhythm		
	67	Rhythm at Destination		
	68	Respiratory Rate (Essential)		
	69	Respiratory Effort		
	70	Systolic Blood Pressure (Essential)		
	71	Diastolic Blood Pressure (Essential)		
	72	Skin Perfusion		
	73	Glasgow Eye Opening Component (Essential)		
	74	Glasgow Verbal Component (Essential)		

75	Glasgow Motor Component (Essential)
76	Glasgow Coma Score (Total)
77	Revised Trauma Score
78	Procedure or Treatment Name (Essential)
79	Procedure Attempts
80	Medication Name (Essential)
81	Treatment Authorization

10. Field Equipment (e.g., defibrillator devices, prehospital care report)

Utstein Style Recommended Core and Supplementary Time Events to Be Recorded.

	1	Time of collapse/time of recognition.
	2	Time first CPR-bystanders (core)
x	3	Time of call receipt (core).
x	4	Time first emergency response vehicle is mobile.
x	5	Time vehicle stops (core).
x	6	Time of arrival at patient's side.
	7	Time of first CPR attempts (core).
	8	Time of first defibrillatory shock (core).
	9	Time of return of spontaneous circulation (core).
	10	Time intubation achieved.
	11	Time of return of spontaneous ventilation
	12	Time intravenous access achieved and time medications administered.
	13	Time medication administered
	14	Time of departure from scene
	15	Time of arrival at emergency department
	16	Time CPR abandoned/death (core)

Utstein Style Recommended Clinical Data to Be Recorded.

	1	Site of cardiac arrest (core)
	2	Prearrest clinical status (supplementary)
	3	Witnessed arrest before arrival of emergency personnel. (core)
	4	Precipitating event (supplementary) (determined as best possible at scene)
	5	Clinical status of patient when ambulance arrives (core)
	6	Arrest after arrival of emergency personnel (core)
	7	Initial recorded rhythm (core)
	8	Treatment (core)
	9	Final patient status at the scene (core)
	10	Status on arrival at emergency department (supplementary)
	11	Status after treatment in the emergency department (core)
	12	Status on admission to hospital unit (supplementary)
	13	Discharged alive (core)
	14	Discharge destination (supplementary)
	15	Alive at one year (yes/no) (core)

11. Traffic Collision Report (California's SWITRS)

Collision Segment

	1	process date
	2	jurisdiction
x	3	collision date
x	4	collision time
	5	badge
	6	jurisdiction type
	7	district within jurisdiction
	8	local report
	9	collision day of week
	10	collision shift

	11	population		
x	12	collision location		
	13	special condition		
	14	beat type		
	15	CHP beat type		
	16	county group		
	17	city division		
	18	CHP beat class		
	19	beat		
	20	CHP road class		
	21	primary road		
	22	secondary road		
	23	road switch		
	24	distance		
	25	direction		
	26	intersection		
	27	road type		
	28	weather-2		
	29	state highway indicator		
	30	county		
	31	caltrans district		
	32	state route		
	33	route suffix		
	34	postmile prefix		
	35	postmile		
	36	location type		
	37	ramp/intersection		
	38	side of highway		
	39	injury, fatal, or tow-away		
	40	collision severity		
	41	victims killed		
	42	victims injured		
	43	victims		
	44	parties		
	45	party at fault		
		Primary Collision Factor		
	46	alpha		
	47	code of violation		
	48	violation		
	49	violation subsection		
	50	violation category		
	51	hit and run		
	52	collision type		
	53	motor vehicle (of first contact) involved with (MVIW)		
	54	pedestrian action		
	55	road surface		
	56	road condition 1,2,3		
	57	weather-1		
	58	lighting		
	59	right-of-way controls		
	60	party type		
x	61	party sex		
x	62	party age		
	63	party extent of injury		
	64	party sobriety (SDP-1)		
	65	Party drug-physical		
	66	direction of travel		
	67	special information		

Other Associated Factor 1, 2, 3

	68	code of violation		
	69	violation		
	70	violation subsection		
	71	violation category		
	72	other associated factor 1, 2, 3		
	73	victims killed in or on this party		
	74	victims injured in or on this party		
	75	movement preceding collision		
	76	vehicle model year		
	77	vehicle make		
	78	statewide vehicle type		
	79	CHP vehicle type MM no-tow or towing		
	80	CHP vehicle type NN towed vehicle		
		Victim Segment		
	81	victim type		
x	82	victim sex		
x	83	victim age		
x	84	victim extent of injury		
x	85	victim in party		
	86	victim seating position		
	87	victim safety equipment		
	88	victim ejected from vehicle		

12. Emergency Department**OSPHD Emergency Department Data**

x	1	Date of birth		
x	2	Sex		
x	3	Race		
x	4	Ethnicity		
x	5	ZIP Code		
x	6	Patient social security number, if it is contained in the patient's medical record		
x	7	Service date		
	8	Principal diagnosis		
	9	Other diagnoses		
	10	Principal external cause of injury		
	11	Other external cause of injury		
	12	Principal procedure		
	13	Other procedures		
	14	Disposition of patient		
	15	Expected source of payment		
	16	Other elements that may be added pursuant to Section 128738		

ASTM Emergency Outpatient Care Data Elements ("ED Patient Record" Database)

(ASTM F 1629-95, Section 5.4.2.2)

x	1	Patient name		
x	2	Address		
x	3	City		
x	4	State		
x	5	Zip Code		
x	6	Telephone		
x	7	Age		
x	8	Gender		
x	9	Medical record number		
	10	Arrival means		
x	11	EMS agency number		
	12	Treating emergency physician		

x	13	Date of visit			
x	14	Time of Arrival			
	15	Chief Complaint			
	16	Severity			
	17	Vital signs			
	18	Procedures			
	19	Discharge diagnosis narrative			
	20	ICD-9-CM dx1-n			
	21	E code			
	22	V code			
x	23	Date of discharge from ED			
x	24	Time of discharge from ED			
	25	Disposition			
	26	Payer classification			

CDC DEEDS Patient Identification Data

	1	1.01 Internal ID
x	2	1.02 Name
x	3	1.03 Alias
x	4	1.04 Date of Birth
x	5	1.05 Sex
x	6	1.06 Race
x	7	1.07 Ethnicity
x	8	1.08 Address
x	9	1.09 Telephone Number
x	10	1.10 Account Number
x	11	1.11 Social Security Number
	12	1.12 Occupation
	13	1.13 Industry
	14	1.14 Emergency Contact Name
	15	1.15 Emergency Contact Address
	16	1.16 Emergency Contact Telephone Number
	17	1.17 Emergency Contact Relationship

CDC DEEDS Facility and Practitioner Identification Data

	1	2.01 ED Facility ID
	2	2.02 Primary Practitioner Name
	3	2.03 Primary Practitioner ID
	4	2.04 Primary Practitioner Type
	5	2.05 Primary Practitioner Address
	6	2.06 Primary Practitioner Telephone Number
	7	2.07 Primary Practitioner Organization
	8	2.08 ED Practitioner ID
	9	2.09 ED Practitioner Type
	10	2.10 ED Practitioner Current Role
	11	2.11 ED Consultant Practitioner ID
	12	2.12 ED Consultant Practitioner Type
	13	2.13 Date/Time ED Consult Request Initiated
	14	2.14 Date/Time ED Consult Starts

CDC DEEDS Emergency Department Payment Data

	1	3.01 Insurance Coverage or Other Expected Source of Payment
	2	3.02 Insurance Company
	3	3.03 Insurance Company Address
	4	3.04 Insurance Plan Type
	5	3.05 Insurance Policy ID
	6	3.06 ED Payment Authorization Requirement

7	3.07 Status of ED Payment Authorization Attempt
8	3.08 Date/Time of ED Payment Authorization Attempt
9	3.09 ED Payment Authorization Decision
10	3.10 Date/Time of ED Payment Authorization Decision
11	3.11 Entity Contacted to Authorize ED Payment
12	3.12 ED Payment Authorization Code
13	3.13 Person Contacted to Authorize ED Payment
14	3.14 Telephone Number of Entity or Person Contacted to Authorize ED Payment
15	3.15 Total ED Facility Charges
16	3.16 Total ED Professional Fees

CDC DEEDS Emergency Department Arrival and First Assessment Data

x	1	4.01 Date/Time First Documented in ED	
	2	4.02 Mode of Transport to ED	
x	3	4.03 EMS Unit that Transported ED Patient	
x	4	4.04 EMS Agency that Transported ED Patient	
	5	4.05 Source of Referral to ED	
	6	4.06 Chief Complaint	
	7	4.07 Initial Encounter for Current Instance of Chief Complaint	
	8	4.08 First ED Acuity Assessment	
x	9	4.09 Date/Time of First ED Acuity Assessment	
	10	4.10 First ED Acuity Assessment Practitioner ID	
	11	4.11 First ED Acuity Assessment Practitioner Type	
	12	4.12 First ED Responsiveness Assessment	
	13	4.13 Date/Time of First ED Responsiveness Assessment	
	14	4.14 First ED Glasgow Eye Opening Component Assessment	
	15	4.15 First ED Glasgow Verbal Component Assessment	
	16	4.16 First ED Glasgow Motor Component Assessment	
	17	4.17 Date/Time of First ED Glasgow Coma Scale Assessment	
	18	4.18 First ED Systolic Blood Pressure	
	19	4.19 Date/Time of First ED Systolic Blood Pressure	
	20	4.20 First ED Diastolic Blood Pressure	
	21	4.21 First ED Heart Rate	
	22	4.22 First ED Heart Rate Method	
	23	4.23 Date/Time of First ED Heart Rate	
	24	4.24 First ED Respiratory Rate	
	25	4.25 Date/Time of First ED Respiratory Rate	
	26	4.26 First ED Temperature Reading	
	27	4.27 First ED Temperature Reading Route	
	28	4.28 Date/Time of First ED Temperature Reading	
	29	4.29 Measured Weight in ED	
	30	4.30 Pregnancy Status Reported in ED	
	31	4.31 Date of Last Tetanus Immunization	
	32	4.32 Medication Allergy Reported in ED	

CDC DEEDS Emergency Department History and Physical Examination Data

x	1	5.01 Date/Time of First ED Practitioner Evaluation	
x	2	5.02 Date/Time of Illness or Injury Onset	
	3	5.03 Injury Incident Description	
	4	5.04 Coded Cause of Injury	
	5	5.05 Injury Incident Location Type	
	6	5.06 Injury Activity	
	7	5.07 Injury Intent	
	8	5.08 Safety Equipment Use	
	9	5.09 Current Therapeutic Medication	
	10	5.10 Current Therapeutic Medication Dose	
	11	5.11 Current Therapeutic Medication Dose Units	
	12	5.12 Current Therapeutic Medication Schedule	

- 13 5.13 Current Therapeutic Medication Route
- 14 5.14 ED Clinical Finding Type
- 15 5.15 ED Clinical Finding
- 16 5.16 Date/Time ED Clinical Finding Obtained
- 17 5.17 ED Clinical Finding Practitioner ID
- 18 5.18 ED Clinical Finding Practitioner Type
- 19 5.19 ED Clinical Finding Data Source

CDC DEEDS Emergency Department Procedure and Result Data

- 1 6.01 ED Procedure Indication
- 2 6.02 ED Procedure
- 3 6.03 Date/Time ED Procedure Ordered
- 4 6.04 Date/Time ED Procedure Starts
- 5 6.05 Date/Time ED Procedure Ends
- 6 6.06 ED Procedure Practitioner ID
- 7 6.07 ED Procedure Practitioner Type
- 8 6.08 Date/Time ED Diagnostic Procedure Result Reported
- 9 6.09 ED Diagnostic Procedure Result Type
- 10 6.10 ED Diagnostic Procedure Result

CDC DEEDS Emergency Department Medication Data

- 1 7.01 Date/Time ED Medication Ordered
- 2 7.02 ED Medication Ordering Practitioner ID
- 3 7.03 ED Medication Ordering Practitioner Type
- 4 7.04 ED Medication
- 5 7.05 ED Medication Dose
- 6 7.06 ED Medication Dose Units
- 7 7.07 ED Medication Schedule
- 8 7.08 ED Medication Route
- 9 7.09 Date/Time ED Medication Starts
- 10 7.10 Date/Time ED Medication Stops
- 11 7.11 ED Medication Administering Practitioner ID
- 12 7.12 ED Medication Administering Practitioner Type

CDC DEEDS Emergency Department Disposition and Diagnosis Data

- x 1 8.01 Date/Time of Recorded ED Disposition
 - 2 8.02 ED Disposition
 - 3 8.03 Inpatient Practitioner ID
 - 4 8.04 Inpatient Practitioner Type
 - 5 8.05 Facility Receiving ED Patient
 - x 6 8.06 Date/Time Patient Departs ED
 - 7 8.07 ED Follow-Up Care Assistance
 - 8 8.08 Referral at ED Disposition
 - 9 8.09 ED Referral Practitioner Name
 - 10 8.10 ED Referral Practitioner ID
 - 11 8.11 ED Referral Practitioner Type
 - 12 8.12 ED Referral Organization
 - 13 8.13 ED Discharge Medication Order Type
 - 14 8.14 ED Discharge Medication Ordering Practitioner ID
 - 15 8.15 ED Discharge Medication Ordering Practitioner Type
 - 16 8.16 ED Discharge Medication
 - 17 8.17 ED Discharge Medication Dose
 - 18 8.18 ED Discharge Medication Dose Units
 - 19 8.19 ED Discharge Medication Schedule
 - 20 8.20 ED Discharge Medication Route
 - 21 8.21 Amount of ED Discharge Medication to be Dispensed
 - 22 8.22 Number of ED Discharge Medication Refills
-

23	8.23 ED Disposition Diagnosis Description
24	8.24 ED Disposition Diagnosis Code
25	8.25 ED Disposition Diagnosis Practitioner ID
26	8.26 ED Disposition Diagnosis Practitioner Type
27	8.27 ED Service Level
28	8.28 ED Service Level Practitioner ID
29	8.29 ED Service Level Practitioner Type
30	8.30 Patient Problem Assessed in ED Outcome Observation
31	8.31 ED Outcome Observation
32	8.32 Date/Time of ED Outcome Observation
33	8.33 ED Outcome Observation Practitioner ID
34	8.34 ED Outcome Observation Practitioner Type
35	8.35 ED Patient Satisfaction Report Type
36	8.36 ED Patient Satisfaction Report

13. Hospital Outcome

	1	OSPHD Hospital Inpatient Discharge Data	
x	2	Date of birth.	
x	3	Sex.	
x	4	Race.	
x	5	ZIP Code.	
x	6	Patient social security number, if it is contained in the patient's medical record.	
	7	Prehospital care and resuscitation, if any, including all of the following:	
	8	Do not resuscitate (DNR) order at admission.	
	9	Do not resuscitate (DNR) order after admission.	
x	10	Admission date.	
	11	Source of admission.	
	12	Type of admission.	
	13	Discharge date.	
	14	Principal diagnosis and whether the condition was present at admission.	
	15	Other diagnoses and whether the conditions were present at admission.	
	16	External cause of injury.	
	17	Principal procedure and date.	
	18	Other procedures and dates.	
	19	Total charges	
	20	Disposition of patient.	
	21	Expected source of payment.	
	22	Elements added pursuant to Section 128738.	

OSPHD Hospital and Freestanding Ambulatory Surgery Data

x	1	Date of birth.	
x	2	Sex.	
x	3	Race.	
x	4	Ethnicity.	
x	5	ZIP Code.	
x	6	Patient social security number, if it is contained in the patient's medical record.	
x	7	Service date.	
	8	Principal diagnosis.	
	9	Other diagnoses.	
	10	Principal procedure.	
	11	Other procedures.	
	12	Principal external cause of injury, if known.	
	13	Other external cause of injury, if known.	
	14	Disposition of patient.	
	15	Expected source of payment.	
	16	Elements added pursuant to Section 128738.	

ASTM Emergency Inpatient Care Data Elements ("Hospital Discharge" Database)

(ASTM F 1629-95, Section 5.4.3.1)

x	1	Patient inpatient record number		
x	2	Date of admission		
x	3	Hour of admission		
x	4	Attending physician		
	5	Principle surgeon		
	6	Discharge diagnosis codes (ICD-9-CM)		
	7	Procedure codes (ICD-9-CM)		
	8	Date of discharge		
	9	Disposition		
	10	Diagnosis related group		
	11	Major diagnosis category at discharge		

14. Source: Registry**CDC Trauma Data Set**

x	1	Patient name		
x	2	Social security number		
x	3	Police crash report ID		
x	4	Ambulance run ID		
x	5	Medical record ID		
x	6	Medical billing ID		
x	7	Date of birth		
x	8	Sex of patient		
x	9	Race of patient		
x	10	City of residence		
x	11	FIPS code of residence		
x	12	Type place of injury		
x	13	City of injury occurrence		
x	14	FIPS code of injury occurrence		
	15	Work relatedness flag		
	16	Protective equipment ID		
	17	E code		
	18	Injury description part 1		
	19	Injury description part 2		
	20	Prehospital systolic BP		
	21	Prehospital respiratory rate		
	22	Prehospital Glasgow eye component		
	23	Prehospital Glasgow verbal component		
	24	Prehospital Glasgow motor component		
	25	Prehospital Glasgow total		
	26	Patient mode of transport		
x	27	Date of injury occurrence		
x	28	Time of injury occurrence		
x	29	Time of ambulance dispatch		
x	30	Time of ambulance arrival		
x	31	Time of ambulance departure		
	32	Code for transferring hospital		
x	33	Date of ED admission		
x	34	Time of ED admission		
	35	Time of trauma surgeon arrival		
	36	Time of neurosurgeon arrival		
	37	Time patient left ED		
	38	Systolic BP in ED		
	39	Respiratory rate in ED		
	40	Airway support indicator		
	41	ED Glasgow eye component		

42	ED Glasgow verbal component
43	ED Glasgow motor component
44	ED Glasgow total
45	Blood alcohol level
46	Packed indicators of 7 drugs
47	ED disposition code
48	Admitting service code
49	Indicator of operation or first procedure code
50	Second procedure code
51	Third procedure code
52	Date of 1st operation
53	Time of 1st operation
54	Return operation indicator
55	Major operation indicator
56	Number if days in ICU
57	ALS score of 1st injury
58	ISS body region of 1st injury
59	ICD-9-CM N code of 1st injury
60	ALS score of 2nd injury
61	ISS body region of 2nd injury
62	ICD-9-CM N code of 2nd injury
63	ALS score of 3rd injury
64	ISS body region of 3rd injury
65	ICD-9-CM N code of 3rd injury
66	ALS score of 4th injury
67	ISS body region of 4th injury
68	ICD-9-CM N code of 4th injury
69	ALS score of 5th injury
70	ISS body region of 5th injury
71	ICD-9-CM N code of 5th injury
72	ALS score of 6th injury
73	ISS body region of 6th injury
74	ICD-9-CM N code of 6th injury
75	ALS score of 7th injury
76	ISS body region of 7th injury
77	ICD-9-CM N code of 7th injury
78	ALS score of 8th injury
79	ISS body region of 8th injury
80	ICD-9-CM N code of 8th injury
81	ALS score of 9th injury
82	ISS body region of 9th injury
83	ICD-9-CM N code of 9th injury
84	ALS score of 10th injury
85	ISS body region of 10th injury
86	ICD-9-CM N code of 10th injury
87	Complication indicator for 16 complications
88	FIM for self-feeding
89	FIM for locomotion
90	FIM for expression
91	Autopsy ID
92	Date of acute care discharge
93	Hospital disposition code
94	Receiving facility code
95	Total hospital charges
96	QA notes part 1
97	QA notes part 2
98	Patient registry number
99	Error indicator flag

	100	Date record was entered
	101	Date record was modified
	102	Time record was entered or modified
	103	Probability of survival calculation
	104	ISS calculation
x	105	Patient age calculation

15. Pediatric Prehospital Records
(Need to develop)

16. Air Ambulance Records

Incident Response Identifiers

x	1	Incident number
	2	Agency identification
	3	Unit identification
	4	Crew pilot identification
	5	Crew attendant #1 identification
	6	Crew attendant #2 identification
	7	Dispatcher identification
x	8	Notification date
x	9	Notification time
	10	Notified by
	11	Notified via
	12	Incident type
x	13	Incident address
x	14	Incident county
x	15	Incident city
x	16	Incident latitude
x	17	Incident longitude
	18	Landing zone location
	19	Landing zone latitude
	20	Landing zone longitude
	21	Incident/landing zone bearing
	22	Incident/landing zone distance
	23	Incident/landing zone landmarks
	24	Helicopter response from location name
	25	Helicopter response from location latitude
	26	Helicopter response from location longitude
	27	Estimated time of arrival to incident/landing zone
	28	Ground contact agency
	29	Ground contact radio frequency
x	30	Time crew notified
x	31	Time crew dispatched
x	32	Time crew enroute
x	33	Time crew overhead incident
x	34	Time crew arrived landing zone
x	35	Time crew contacted patient
x	36	Time crew enroute with patient
x	37	Enroute to facility name
x	38	Time crew arrives facility helipad
x	39	Time crew arrives with patient in ED
	40	Time crew transfers care to ED
	41	Time crew available for next dispatch
	42	Time crew cancels run (no patient transport)
	43	Comments

Patient Identifiers

x	1	Patient name
x	2	Address
x	3	City
x	4	State
x	5	Zip Code
	6	Telephone
x	7	Age
x	8	Gender
x	9	Race Ethnicity
x	10	Medical record number

Clinical Information

(Need to develop)

17. National Fire Incident Reporting System (NFIRS)

x	1	Prefix, Street, Street Type, Suffix		
x	2	Incident City		
x	3	Incident State		
	4	Property Use		
x	5	Incident Date & Alarm Date		
x	6	Alarm Time		
x	7	Arrival Time		
x	8	Time Arrival and Transfer		
x	9	Incident Number		
	10	FDID		
	11	ID of Member Making this Report		
x	12	Individual Name		
x	13	Same Address as Locationj		
x	14	Date of Birth		
x	15	Age		
x	16	Gender		
x	17	Race		
x	18	Ethnicity		
	19	Disposition		
	20	Cause if Illness/Injury		
	21	Procedures Used		
	22	Provider Impression/Assessment		
	23	Other Factors		
	24	Safety Equipment		
	26	Human Factors		
	26	Time of First CPR		
	27	Provider of First CPR		
	28	Time of Witnessed Cardiac Arrest		
	29	Witness of Cardiac Arrest		
	30	Initial Cardiac Rhythm		

18. Other Tertiary Care Facilities

(E.g., Burn Centers, other rehabilitation facilities)

(Need to develop)

19. Financial Indicators

(Need to develop)

20. EMS Personnel Registry

	1	Certification/License Number
	2	Certification/License Issued Date
	3	Certification/License Expiration Date

4	Full Name
5	Mailing Address
6	Mailing City
7	Mailing State
8	Mailing Zipcode
9	Phone Number
10	Social Security Number
11	Provider Affiliation(s)

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